



Three Affiliated Tribes of the Fort Berthold Reservation

Office of Tribal Enrollment

P.O. Box 100

New Town, ND 58763

Tribal Identification Card Application

***** Mail Order Fee: \$15.00 Money Order made payable to "TAT Enrollment" *****

Full Legal Name: _____

Date of Birth: ____/____/____ Social Security Number: _____-____-_____

Current Mailing Address: _____

Current Street Address: _____

Primary Telephone Number: _(_____) _____-_____

Physical Characteristics

Height (ft/in): _____ Eye Color: _____

Weight (lbs): _____ Hair Color: _____

<p><u>*Signature*</u> Sign <u>within</u> box borders.</p>	
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Printed Name: _____

Signature: _____

State of: _____)

County of: _____)

Subscribed and sworn before me this _____ day of _____, 20_____

Notary Public: _____ My Commission Expires: _____

(SEAL)

Must be notarized to be accepted. Updated Photo is required.

Age 18+ must request their own. Under Age 18 must be requested by parent/legal guardian.
Faxed/Emailed Applications will **NOT** be accepted. Original form must be mailed.